



South Dakota Board of Examiners for Counselors &
Marriage and Family Therapists

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

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APPLICATION FOR PLAN OF SUPERVISION
PROFESSIONAL COUNSELOR- MENTAL HEALTH (LPC-MH)

Please provide:

- 1) Completed Application
- 2) Non-refundable \$100 application fee
- 3) Copy of driver's license or government issued ID;
- 4) Quality color photograph of applicant;
- 5) Verification of any name change (i.e. marriage/divorce);
- 6) Proof of graduation from a CACREP program or a 48-hour master's degree in counseling from an accredited Institution; and
- 7) Verification of other licenses.

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

The application fee for a Plan of Supervision is non-refundable. If the applicant uses more than one approved supervisor to meet the supervision requirements for full licensure, no fee will be charged for additional supervisors.

No supervision hours can accrue until a Plan of Supervision is approved for the applicant.

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

South Dakota LPC License #: _____ Issue Date of License: _____

Are you a resident of South Dakota? ☐ YES ☐ NO

PROPOSED SUPERVISOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

SD License Number: _____ Issue Date of License: _____

EDUCATION

Name of Post Graduate Institution: _____

City/State: _____

Date of Graduation: _____ Degree: _____

Accrediting Body for Graduating Institution:

- ☐ Middle States Association of Colleges and Secondary Schools
- ☐ New England State Association of Colleges and Secondary Schools
- ☐ North Central Association of Colleges and Secondary Schools
- ☐ Northwest Association of Colleges and Secondary Schools
- ☐ Southern Association of Colleges and Secondary Schools
- ☐ Western College Association / Western Association of Schools and Colleges

Was your program of study CACREP approved? _____ Yes _____ No

If your program of study was not CACREP approved, please complete Attachment 1 and document the content areas of your education.

Are your official transcripts on file with the Board for you? _____ Yes _____ No

If you previously provided a copy of your transcript to the Board, the transcripts will be added to your application file.

If you have not previously provided a copy of your transcripts, please request your school send an official copy of your transcripts directly to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501. Transcripts must be received directly from the school to be valid.

SUPERVISION AND DIRECT CLIENT CONTACT CARRY FORWARD REQUEST

State law allows for supervision and direct client hours acquired under a plan of supervision for licensure as a professional counselor to carry forward to meet the supervision and direct client hours required for licensure as a professional counselor-mental health under certain circumstances.

Specifically, supervision received in pursuit of licensure as a licensed professional counselor, if the supervising mental health professional holds the highest level of licensure within that supervisor's profession, and clinical experience consisting of direct client contact in a clinical setting accumulated in pursuit of licensure as a licensed professional counselor, may be applied to fulfill the licensing requirements of a licensed professional counselor--mental health. **No more than fifty hours of such supervision and no more than one thousand hours of such clinical experience may be applied to the licensing requirements of a licensed professional counselor--mental health.** SDCL 36-32-44

Do you want to carry forward direct supervision hours from your LPC license? _____ YES _____ NO

If Yes, who was your LPC supervisor? _____

If Yes, how many direct supervision hours are you requesting carry forward? _____
Do you want to carry forward direct client contact hours from your LPC license? ____ YES ____ NO

If Yes, what were the dates of the direct client contact hours? _____

If Yes, how many direct client contact hours are you requesting carry forward? _____

LEGAL QUESTIONS *(If you answer yes to any question, please provide a written explanation.)*

Have you ever been convicted, pled no contest/nolo contendere, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? ____ YES ____ NO

Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 traffic offense? ____ YES ____ NO

Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state? ____ YES ____ NO

Are you \$1,000 or more behind in child support payments? ____ YES ____ NO

Have you previously made application to this Board for licensure? ____ YES ____ NO

OTHER LICENSES

Do you currently hold a valid license to practice in another state? ____ YES ____ NO

If yes, which state(s)? _____

Please attach a copy of the current license(s) with this application and request the issuing state send a Letter of Verification to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? ____ Female ____ Male

What is your race? Please check all that apply.

- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ White or Caucasian
- ☐ Other
- ☐ Decline to Provide

APPLICATION FEE Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

☐ \$100 non-refundable application fee

To be signed in the presence of a Notary Public

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL COUNSELING AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Applicant Signature

Date _____

State of _____)
) SS
County of _____)

On this ____ day of _____, 20____, the above applicant, _____, personally appeared, known to me or satisfactorily proven to be the same person whose name s subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness where of, I have here unto set my hand and official seal.

(SEAL)

Notary Signature: _____

Notary Name: _____

My Commission Expires: _____

ATTACHMENT 1 COURSEWORK REQUIREMENTS
LICENSED PROFESSIONAL COUNSELOR – MENTAL Health

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.

Content Area	Course Number(s)	Course Title(s)	College/ University
Counseling theory: including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;			
Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;			
Counseling Practicum (as defined in ARSD 20:68:03:02 (c))			
Counseling Internship (as defined in ARSD 20:68:03:02 (d))			
Human growth and development: including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory;			
Social and Cultural Foundations: including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns;			
The helping relationship: individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party;			
Group counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;			
Lifestyle and career development: including areas such as vocational-choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision-making processes and career development exploration techniques;			
Individual appraisal: including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case study approaches, the study of individual differences, and consideration of ethnic, cultural, and sex factors;			

Research and evaluation: including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;			
Professional orientation: professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor.			
Psychopathology: including the general principles and practices of etiology, diagnosis, treatment, and prevention of mental and emotional disorders and dysfunctional behavior, and the general principles and practices for the promotion of optimal mental health;			
Clinical assessment: including the specific models and methods for assessing mental status and the identification of mental illness or abnormal, deviant, or psychopathologic behavior by obtaining appropriate behavioral data using a variety of techniques, including non-projective personality assessments and achievements, aptitude, and intelligence testing, and translating findings in the diagnostic and statistical manual categories;			
Psychopharmacology: including the basic classification, indications, and contraindications of the commonly prescribed psychopharmacological medications for the purpose of identifying the effects and side effects of prescribed psychotropic medications;			
Case management: including the guidelines for conducting an intake interview and mental health history for planning and managing of client caseload manual categories;			
Foundation of mental health: including the specific concepts and ideas related to mental health education, outreach, prevention, and mental health promotion.			